

A CASE OF TRIGGER FINGERS.

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THE history of a case of this comparatively rare condition is as follows: Mrs. R., a Polish Jewess, aged fifty-seven years, called at the hospital for an opinion upon her affection, consisting of a sudden locking of the knuckle-joints of the second and third fingers of the left extremity. The hands are those of a laboring woman, coarse-grained and hard, with blunted finger-ends. The disability has lasted for over fifteen years and has been progressive. The woman's general health, however, has been always good, and she is the mother of a large family.

The condition is manifested in movements both of flexion and extension. Upon attempting to grasp an object, as, for example, a chair-back, with the left hand, the thumb, index, and little fingers will clasp naturally, but the ring and middle fingers, after describing about one-third of the arc of flexion, suddenly become locked at their metacarpophalangeal joints, and the woman is utterly unable to accomplish further movement of those fingers unaided. She has by long practice established a complementary action of her other hand, when, by pushing the affected fingers beyond the lock, an apparent dislodgement takes place almost audibly, and the woman is then able to hold the object or to clinch her hand. Movements of extension are carried out in a similar but reversed manner. Opening through the first third of the arc is entirely voluntary; during progress through the middle third absolute fixation takes place; aided by the other hand, release with a jerk is obtained, followed by full and easy straightening.

The affected fingers are of normal outline as compared with adjacent phalanges or with those of the other hand. Palpation reveals neither thickening of tendon nor of joint-sheath, there is

no sign of local inflammatory action having taken place. The woman's statement is that the restricted motion has gradually developed from no assignable cause, and that at no time has she experienced pain in the parts affected; this is uncommon, as most of the recorded cases report pain to be a constant factor.

The cause of trigger finger has been variously set down to rheumatism, gout, traumatism direct or in the form of a constant irritation, tenosynovitis, the presence of a "loose cartilage," or, according to Marcano, who stated that it was a constant cause, the existence of a nodular swelling in the flexor tendon itself producing the characteristic jerk by rubbing against the sesamoid bones or the tendinous sheath. The central nervous system has been said to be at fault in some cases of this condition. Work causing special fatigue of the hands has been set down as a cause by Schmidt. His cases, involving frequently a thumb and middle finger, occurred in seamstresses, knitters, and soldiers required to perform straining movements of the fingers in musket drill.

In Necker's examination of 121 cases, he found rheumatism either in the acute or chronic form to have been the cause in fifty-two; traumatism in thirteen; occupation in forty-seven; congenital in two cases, and in the remaining seven no cause was assignable.

The pathological condition present in trigger finger was claimed by Nélaton, one of the first observers, to be a thickening of the tendon sheath, but in later years his belief was that a foreign body caused the abnormality. According to Steinthal, displacement of the insertion of the lateral ligaments of the joint affected towards the palm was demonstrable in two cases of his dissection. In eleven cases of post-mortem examination where this condition was present thickening of the tendon or of its sheath had occurred.

The treatment of the condition varies from massage and the application of tincture of iodine, measures of confessed uselessness, to active surgical interference. In those cases where sesamoid enlargements or loose bodies in the joint are

demonstrable or discernible by means of the X-ray, incision into the parts affected is justifiable. Where chronic inflammation has caused organization of exudate, scarification with the cautery may be employed; but in a condition such as the case under notice, the woman being well on in years and scarcely handicapped, weighing the possibilities of ankylosed joints after operation with the present state, surgical interference does not seem to be indicated.